Health & Wellbeing Strategy

Performance Management Framework

Monitoring the indicators of the Health and Wellbeing Strategy for presentation to the Health and Wellbeing Board

DEVELOPING WELL COMMENTARY REPORT: Quarter 4 2014/15

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DEVELOPING WELL COMMENTARY REPORT: Quarter 4 2014/15

KEY CHANGES FROM THE PREVIOUS REPORT:

1. *New official data shows a major reduction in our teenage pregnancy rate (from 39.6 to 30.3) bringing Bolton back into line with England and making us joint best of our statistical neighbours. The local rate has been falling and then increasing for the previous few years – but that this reduction follows almost a decade of stasis relative to England (where we were significantly worse between 1999-2006) is a very positive movement in the trend;*
2. *There has been another reduction in our suicide rate and while Bolton now has the 15th highest suicide rate in the country in the previous report we had the 5th highest, and have been as high as 3rd in the past. Furthermore, the unusually high female suicide rate we've seen historically has fully reduced to normal in recent years;*
3. *Outcomes for Looked After Children in Bolton remain very good with many of the indicators in the top quartile nationally;*
4. *Promisingly Reception obesity is falling in Bolton, but Year 6 remains an issue. Reception age children in Bolton generally have a healthier weight than the North West and England but this positive picture changes by Year 6 where Bolton performs poorly across all weight categories.*

DEVELOPING WELL COMMENTARY REPORT: Quarter 4 2014/15

Many of the health problems that young people develop as they grow older are rooted in their experiences of childhood and adolescence. A sense of aspiration, achievement and security are intrinsically linked to young people's life chances and their long term wellbeing.

1.0 HELPING PEOPLE STAY WELL

1.1 PRIORITIES

- Deliver the Healthy Child Programme (5-19) including universal health screens, immunisations, and health promotion advice (e.g. vision, hearing, and National Child Measurement Programme screening);
- Ensure all schools and colleges have the opportunity to become 'Healthy Schools' including local priority areas (sexual health, substance misuse, obesity, and mental wellbeing).

1.2 OUTCOMES

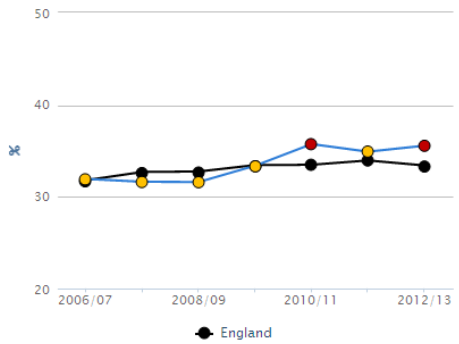
Immunisations

Historically, Bolton has performed notably better than both England and the North West across the majority of immunisations and vaccinations, especially those in childhood. The previous data release revealed an unusual difference in performance between us and our statistical neighbour group for MMR immunisations and Dtap/IPV/Hib, but this has now been rectified in the new data release, putting us back on track.

Excess weight in Year 6 children

Following the national direction, this indicator has changed from strictly a measure of obesity, to excess weight – obesity and overweight combined. As demonstrated below, generally, Bolton's trend is slowly increasing year on year.

2.06ii - Excess weight in 4-5 and 10-11 year olds - 10-11 year olds Bolton Proportion - %



Period	Sig	Value	Lower CI	Upper CI	North West	England
2006/07		31.9	30.2	33.6	31.4	31.7
2007/08		31.6	30.0	33.2	32.8	32.6
2008/09		31.6	30.0	33.2	33.0	32.6
2009/10		33.4	31.7	35.0	34.1	33.4
2010/11		35.7	34.1	37.4	34.3	33.4
2011/12		34.9	33.2	36.6	34.7	33.9
2012/13		35.6	33.9	37.2	34.2	33.3

Source: Health and Social Care Information Centre, National Child Measurement Programme

Promisingly Reception obesity is falling in Bolton, but Year 6 remains an issue. Reception age children in Bolton generally have a healthier weight than the North West and England, but are more

likely to be underweight. However, this positive picture changes by Year 6 where Bolton performs poorly across all weight categories.

1.3 PROGRESS ON TASKS

The Developing Well health and wellbeing partnership group has now been established as a sub-group of the Children's Trust Board. The Terms of Reference were developed at the inaugural meeting with the overall aim to "deliver improved outcomes for children and young people". The group has:

- Agreed additional membership;
- Reviewed KPIs related to Developing Well;
- Supported proposals for a Children and Young People's Health and Wellbeing Survey;
- Received an accidents review report;
- Identified priorities for future meetings:
    - Oral health;
    - 5-19 health and wellbeing services;
    - CAHMS review;
    - Healthy Weight;
    - Vulnerable young people.

The new model 5-19 Health and Wellbeing Service tender will hopefully be going live early/mid-January due to unexpected delays.

Regarding the priority around Healthy Schools there is ongoing support and monitoring of the Healthy Schools offer. This includes consultation with school staff, and a new model of service provision has been developed and communicated to schools.

NHS England Local Area Team currently monitors the Health Visiting and Family Nurse Partnership services and meetings have been established to ensure future local authority input into these. New service specifications for school nursing, special school nursing, and The Parallel have been developed and implemented and quarterly contract monitoring meetings are in place. These services are currently performing well against the specifications with particularly good performance in delivering consistent health drop-in session's at all high schools and reaching and sometimes exceeding immunisation targets.

The five year Farnworth targeted obesity prevention model is in its fourth year (results pending). Headline successes to date:

- Between 2011/12 and 2012/13 there was a significant decrease in overweight and obesity (8.0%) and a noticeable decrease in Year 6 prevalence of 5.5% in 2012/13;
- Referrals to children's healthy weight team increased from 2.8% of those identified as overweight and obese in 2011/12 to 8.2% in 2013/14;
- In 2013/14 81 families contacted the children's healthy weight team and 57 were referred into services which is equal to a 70.0% conversion rate.

2.0 IDENTIFYING AND DEALING WITH PROBLEMS EARLY

2.1 PRIORITIES

- Introduce health reviews at key stages including school entry and transition to secondary school;
- Ensure delivery of the new model for School Nursing.

2.2 OUTCOMES

Uptake and coverage of health reviews at school entry and transition to secondary school

Performance data is currently not available for this indicator.

2.3 PROGRESS ON TASKS

A number of recent initiatives are having a beneficial effect on transition arrangements, including the new 0-25 special educational needs arrangements, and, not least, the merger of the two departments.

Online policy and procedure manuals now provide clear and easily accessible guidance for professionals working across the age ranges.

3.0 TAKING GOOD CARE OF THOSE WITH HEALTH AND SOCIAL CARE NEEDS

3.1 PRIORITIES

- Ensure accessible, young people friendly substance misuse, sexual health, and mental health services;
- Harmonise age of transition from child to adult services, taking into account complex needs and vulnerability factors;
- Ensure coordinated delivery of early intervention (e.g. Family Nurse Partnership, targeted provision of parenting support programmes, targeted antenatal programmes.

3.2 OUTCOMES

Chlamydia diagnosis rate aged 15-24 CTAD

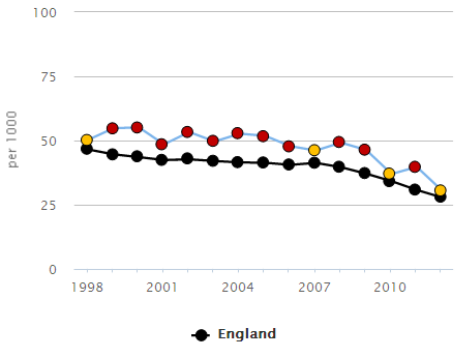
Bolton typically performs better for chlamydia diagnoses than our statistical neighbours. Better performance here is a higher diagnosis rate, meaning more cases are being identified and treated in the 15-24 population and that the diagnosis rate is high enough to effect a reduction in prevalence over time (over 2,400 per 100,000 population). In 2012, several changes were made to the collection and reporting of chlamydia activity data, to deliver a simpler and more representative national surveillance system. It is important to note that as a result of the revisions, chlamydia data for 2012 onwards are not directly comparable with data reported in earlier years and so we have a limited trend. Between 2008 and 2011, community (non-GUM) chlamydia tests and diagnoses were reported using two systems; the NCSP core data return recorded all those tests carried out in NCSP

registered settings, and an aggregate laboratory reporting system recorded all tests carried out in non NCSP, non-GUM settings. In January 2012 these two data sources were replaced by a single laboratory reporting system, the Chlamydia Testing Activity Dataset (CTAD). CTAD now collects data on all chlamydia tests carried out in NHS and local authority commissioned laboratories in England. Quarterly data tables for 2012 that were based on NCSP and non-NCSP/non-GUM reporting systems have been superseded and archived, and should not be used. The new data tables based on CTAD should be used instead. Under the new methodology, Bolton retains its higher performance than our statistical neighbours, as well as staying above the rate expected to effect a reduction in prevalence, with a diagnosis rate of 2603.0 compared to 2379.2. Locally, the Parallel followed by the antenatal clinic are top of the league, with screening offered by GPs still extremely low. RU Clear staff have contacted all GP practices offering refresher training. A re-launch of the electronic form is also being planned by RU Clear. Furthermore, the number of RU Clear screens undertaken by Bolton Centre for Sexual Health has dropped significantly however this issue has been raised and we have been assured that the number of screens undertaken outside of RU Clear will be included in the data.

Under 18 conception rate

New official data shows a major reduction (from 39.6 to 30.3) and brings Bolton back into line with England and makes us joint best of our statistical neighbours. As the chart below demonstrates, Bolton's rate has been falling and then increasing for the previous few years – but that this follows an almost decade of stasis relative to England (significantly worse between 1999-2006) is a very positive movement in the trend. The rate for teenage conceptions in children aged under 16 years of age follows a similar pattern, a recent increase from 7.3 to 8.0 per 1,000 from a historically higher rate of 10.9 to a very low 5.7 today (equal to England at 5.6).

2.04 - Under 18 conceptions Bolton — Crude rate - per 1000



Period	Sig	Count	Value	Lower CI	Upper CI	North West	England
1998	●	249	50.3	44.2	56.9	50.3	46.6
1999	●	272	54.8	48.5	61.7	48.8	44.8
2000	●	272	55.2	48.8	62.1	47.5	43.6
2001	●	252	48.5	42.7	54.9	45.1	42.5
2002	●	286	53.3	47.3	59.9	45.4	42.8
2003	●	276	49.6	43.9	55.8	45.2	42.1
2004	●	298	52.7	46.9	59.0	46.0	41.6
2005	●	296	51.9	46.1	58.1	46.9	41.4
2006	●	273	47.8	42.3	53.8	44.2	40.6
2007	●	261	46.1	40.6	52.0	46.6	41.4
2008	●	273	49.1	43.5	55.3	44.8	39.7
2009	●	251	46.3	40.8	52.4	42.6	37.1
2010	●	198	36.8	31.9	42.3	39.6	34.2
2011	●	213	39.6	34.5	45.3	35.3	30.7
2012	●	163	30.3	25.9	35.4	31.6	27.7

Source: Office for National Statistics (ONS)

Ward level data cannot be shared publicly, but from local intelligence we know that the Wards of Tonge, Halliwell, Burnden, Kearsley, Breightmet, Harper Green, and Farnworth have the highest rates (in that order). These areas have been consistently high in Bolton and reflect the connection between high teenage pregnancy rates and areas of highest deprivation. They indicate the areas in the borough where we need to target the reducing conceptions work and support for teenage parents and can inform the future commissioning of services. [Old Wards are used for comparison with the baseline].

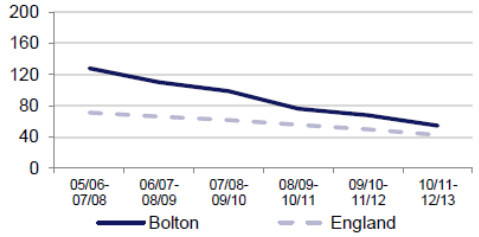
Under 18 alcohol-related hospital admissions

Bolton's under 18 alcohol admission rate has seen major and significant reductions over recent years; from a baseline of 93.7 per 100,000 we are now below our statistical neighbour average (59.8) with the most recent figure being 54.6 per 100,000. This has been an important improvement locally as well as comparatively to the national picture, where we must consider this reduction as wholly positive. As an example of progress made, the below chart is taken directly from Bolton's Child Health Profile 2014, published late last year.

Young people and alcohol

In comparison with the 2005/06-2007/08 period, the rate of young people under 18 who are admitted to hospital because they have a condition wholly related to alcohol such as alcohol overdose is lower in the 2010/11-2012/13 period. The admission rate in the 2010/11-2012/13 period is higher than the England average.

Young people aged under 18 admitted to hospital with alcohol specific conditions (rate per 100,000 population aged 0-17 years)



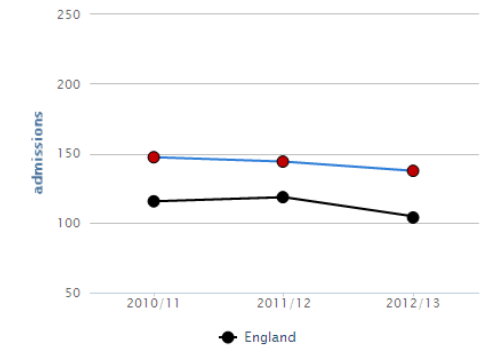
Data source: Public Health England (PHE)

Hospital admissions due to injury aged 0-14

Bolton's hospital admission rate for this indicator has been slowly reducing for the last three years to a most recent figure of 137.1 per 10,000, but we remain significantly worse than England and still higher than our statistical neighbour average (128.6).

2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years) Bolton

Crude rate - admissions



Period	Sig	Value	Lower CI	Upper CI	North West	England
2010/11	●	147.3	137.2	158.0	152.9	115.2
2011/12	●	144.1	134.1	154.6	146.9	118.2
2012/13	●	137.1	127.4	147.3	133.9	103.8

Source: Calculated by Public Health England: Knowledge and Intelligence Team (South West) from data from the Health and Social Care Information Centre - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

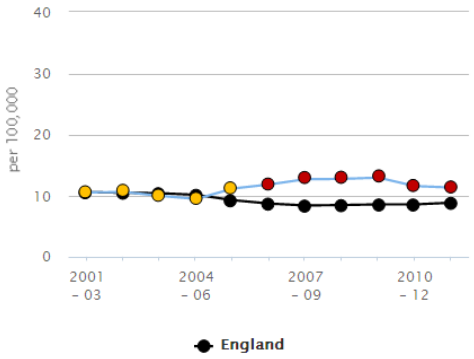
Suicide and injury undetermined rate

Suicide data is for all ages but is included in the Health & Wellbeing Strategy under Developing Well as suicide rates are significantly higher in young men and because of its association with mental health problems and alcohol/substance misuse.

The official suicide rate is for suicide and injury determined and is a pooled average of the previous three years. This official rate is always one to two years out of date. The latest available is for the period 2011-2013. The official suicide rate for 2011-2013 in Bolton is 11.5, based upon 93 suicides.

The latest 3-year pooled suicide and injury undetermined rate for England is 8.8 (per 100,000). Since 2004-2006 Bolton's suicide rate has increased considerably from several years at a similar rate, peaking in 2007-2009. The latest data shows that our suicide rate has fallen for the second consecutive period (now 11.5 per 100,000) but it remains high both compared to England (8.8) and our statistical neighbours (8.9); currently Bolton has the 15th highest suicide rate in the country – for context in the previous release we had the 5th highest rate in the country, and have been as high as 3rd in the past.

4.10 - Suicide rate (Persons) Bolton — Directly standardised rate - per 100,000



Period	Sig	Count	Value	Lower CI	Upper CI	North West	England
2001 - 03		82	10.7	8.5	13.3	11.8	10.5
2002 - 04		82	10.7	8.5	13.4	11.4	10.5
2003 - 05		77	10.1	7.9	12.7	11.5	10.4
2004 - 06		73	9.6	7.5	12.1	11.3	10.1
2005 - 07		87	11.3	9.0	14.0	10.6	9.2
2006 - 08		94	12.0	9.7	14.7	9.7	8.6
2007 - 09		101	12.8	10.4	15.6	9.5	8.3
2008 - 10		101	12.9	10.5	15.7	9.4	8.4
2009 - 11		103	13.1	10.7	15.9	9.7	8.5
2010 - 12		94	11.7	9.5	14.3	9.6	8.5
2011 - 13		93	11.5	9.3	14.1	10.1	8.8

Source: Public Health England (based on ONS source data)

The current rate shows Bolton to have the fifth highest suicide rate in the North West after Blackpool (13.6), Blackburn (12.0), St Helens (11.9), and Manchester (11.8). Though the differences are not statistically significant, this ranking is a notable improvement on recent years. Also in the past Bolton has experienced a very high female suicide rate, but this feature of the rate has reduced to normal in recent years.

3.3 PROGRESS ON TASKS

To gain a greater understanding of the health needs of our young people, a Children and Young People's Survey is imminent. A provider to deliver the survey is in the process of being appointed.

The Bolton Sexual Health Network continues to prioritise the reducing teenage conception agenda and this is further supported by the strategic lead working with peers across the North West via the Teenage Pregnancy Leads Group and the Greater Manchester Sexual Health Network Priority Action Group for Young People.

The Teenage Pregnancy Strategy is shortly to be refreshed and Teenage Pregnancy Prevention and Support Groups established. Success will be measured by an annual reduction in teenage conceptions. Teenage Pregnancy rates are continuing to reduce; the majority of the work to reduce

teenage conceptions is now embedded within mainstream services. Prevention and support are commissioned as part of wider services, for example within the Family Nurse Partnership service, Health Visiting, School Nursing, The Parallel and Sexual Health. The Healthy Schools team support the PHSE curriculum in schools which includes the need to have comprehensive sex education policies.

Work ongoing to ensure coordinated delivery of the Family Nurse Partnership to teenage parents and there is a new delivery model being designed. This work will be supported by the development of a teenage parents support strategy.

Local approaches to suicide prevention focus on reduction of risk across the population under a shared multi-disciplinary approach – accounting for the complexity of risk and the variety of stakeholders who have the opportunity to influence. This approach has been operating since 2007 and has focused on outputs and their outcomes. A new Suicide Prevention Strategy was launched in 2014 and initial outputs are encouraging with sign-up to specific Action Plans within Primary Care, Public Health, Mental Health Services and The Samaritans. Also of note is the recent increased capacity to reduce rates of common mental health problems, risk of these conditions, and low wellbeing in the population with the introduction of the Think Positive Service and the Public Mental Health Team in early 2012. Both initiatives, which operate together under a pilot programme, have shown additional significant and demonstrable contribution towards improvement in a wide range of factors associated with suicide risk including wellbeing and mental health problems, as well as unemployment. It is important to acknowledge that this work has the potential to support an even greater reduction in suicide risk locally. Finally, the CCG are working to review the CAHMS service locally. Regarding the CAHMS review:

- A new service specification is now in place;
- The service is being redesigned in response to the new specification – including changes to the delivery model, organisational structure, and referral criteria;
- Additional investment has been made for temporary staff to cover current vacancies;
- A CAHMS Manager is now in post (previously a vacancy);
- Waiting times have come down to five weeks;
- A transitional phase will run for the first quarter of operation followed by a full audit and review against KPIs.

A draft has been completed of the Suicide Prevention Partnership Annual Report, which includes analysis of official statistics, our local suicide audit, and self-harm admissions. When signed off, this will serve as the basis of a JSNA chapter specific to suicide (early 2015) and both these documents will inform a revision of the local Action Plans discussed above. Also, work has been identified to pick up on suicides in the Child Death Overview Panel Annual Report.

4.0 ADDRESSING THE NEEDS OF THE VULNERABLE AND COMPLEX

4.1 PRIORITIES

- Ensure specialist services provide interventions for those most vulnerable including those at risk of sexual exploitation and domestic abuse;
- Maintain and improve outcomes for Looked After Children (LAC);
- Ensure local delivery of Troubled Families (Families First) programme.

4.2 OUTCOMES

Children's hospital admissions as a result of self-harm

Bolton (368.7 per 100,000 population aged 10-24) currently performs similar to the national average (346.3) and better than our statistical neighbour group (416.8). Bolton's admission rate form this indicator is static, following the national picture, where no significant change has occurred since 2007/08. There are around 200 admissions for self-harm made by people aged 10-24 in Bolton each year, with rates higher in Bolton's young women than young men.

GCSE attainment for LAC (5+ A*-C)

The most recent release shows a reduction in LAC GCSE attainment from 22.6% to 18.8%, but this indicator is not very reliable due to small numbers and so a more significant trend is required before we can accurately judge local performance. However, 18.8% is still a greater proportion than seen nationally.

Children in poverty

The level of poverty in Bolton is worse than the England average with 22.7% of Bolton's children currently living in poverty. The indicator measures the proportion of all dependent children under 20 in relative poverty – that is, living in households where income is less than 60 per cent of median household income before housing costs. The proportion has reduced from our baseline of 24.2% and though similar to the North West average we remain lower than the levels of poverty seen across our statistical neighbours (24.0%).

4.3 PROGRESS ON TASKS

Bolton Safeguarding Children's Board have oversight of the Safeguarding Children's Business Plan and monitor it regularly.

Data published in December for the year ending 31st March 2014 indicates that outcomes for Looked After Children in Bolton remain very good with many of the indicators in the top quartile nationally. Placement stability is good and, where adoption is agreed as the preferred method of achieving permanence, it is timely and children are well matched to adoptive parents. Indeed, Bolton had the highest percentage of LAC adopted in England in 2014. Health screenings for LAC are carried out effectively and immunisation rates and dental health checks for this group of children are much higher than the national average. The introduction of Virtual Schools in Bolton has dramatically

improved the attainment of our LAC. The latest published data for 2012-13 shows that LAC in Bolton ranked 9th nationally for achievement of GCSEs.

The Family First Stakeholder Group is ensuring local delivery of the Family First programmes.

In November 2014 Scrutiny Committee Members were informed of the recommendations contained within the Jay and Coffey Reports following investigations into Child Sexual Exploitation in Rotherham and Greater Manchester and received a presentation which summarised the position of Bolton in relation to both reports. Particular reference was made to:

- Managing risk;
- Looked After Children;
- The role and activity of the Phoenix/EXIT team and the ongoing joint working with Greater Manchester, including details of roles and resources;
- Outcomes;
- Work with victims;
- Quality assurance;
- Communication and ownership of the issue.

Linked to both the new 5-19 Health and Wellbeing Service and the CCG-led review of CAHMS (and improvement action plan), there is proposed joint work regarding self-harm in children (scope is currently in development).